MONTANA
Department of Public Health & Human Services

Medicaid Ambulance Questions and Answers

These questions and answers are followed by a reference code:

- "F01.###" means the data was compiled from the provider training sessions Fall, 2001.
- "S02.###" are from the provider training sessions Spring, 2002.
- "F02.###" are from the provider training sessions Fall, 2002.

Please compare the date the question/answer was recorded with your date of service. Medicaid policy may have changed from an earlier date.

Medicaid Ambulance

Q. For an ambulance service, do we collect co-pay? How can we collect the co-pay from these patients?

A. There is no co-pay for any ambulance service. (F01.41)

Q. We are an ambulance company, and we have had problems with claims being denied. When Medicare deems a service not medically necessary, then Medicaid also denies the service. Can we bill the patient when the service is not medically necessary?

A. You have 30 days after the date of transport to find out if the patient is a Medicaid patient or not. If first it has been denied as not medically necessary by both Medicare and Medicaid, then yes, the patient can be billed. (F01.71)

Q. Do ambulance drivers/staff have to tell the patient that they may be required to pay for this service?

A. No, they do not. (F01.72)

Q. For the ambulances, there is one service that needs PASSPORT authorization – an EKG tracing. Our claim for an emergency visit for a child was denied because there was no PASSPORT authorization. Even though it's an emergency, does it still need authorization?

A. PASSPORT authorization has been removed from this code, so you should not have any denials for this reason any longer. (F01.89)